
CONFERENCE ABSTRACT**Ageing and integrative care: examining a multidisciplinary memory clinic in an Irish setting**17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: St Patrick's Mental Health Service (SPMHS) memory clinic is a multidisciplinary memory assessment service established in 2003. SPMHS is the largest not-for-profit provider of mental health services in the Republic of Ireland. Up to 40% of patients admitted to inpatient care at St Patrick's University Hospital are aged 65 and over. As a result a memory assessment service was felt to be a crucial part of the development of older adult services at SPMHS. As dementia prevalence increases, (1) it is important to accurately define the dementia subtype, as this has treatment implications, and to screen for other causes of cognitive impairment including depression and age associated memory impairment.

Practice change and innovation: The memory clinic was initially based on the Cambridge model of memory assessment by John Hodges. (2) This model describes a system in which multidisciplinary assessment is completed within the same day by a psychiatrist, neuropsychologist and neurologist. SPMHS memory clinic initially followed this model but has developed into a unique service through a number of adaptations. A two day admission involving comprehensive testing is now arranged. All costs are reimbursed by private insurers. Primary care is integrated into the service model and a reversible dementia screen is performed by the General Practitioner prior to admission. The memory clinic administrator arranges an MRI Brain scan in advance. The rationale behind this change was to blend appropriate observation of the patient over a two day period with the various elements of the cognitive assessment.

Comprehensive and holistic assessment of memory and cognitive function requires a multidisciplinary approach. Disciplines that conduct joint and separate assessments include neuropsychology, psychiatry, occupational therapy and gerontological nursing. Input from neurology and social work are available. A driving assessment may be arranged on request. This is conducted by a senior occupational therapist and driving instructor and the primary impetus for this development was provided by the memory clinic. A detailed blended multidisciplinary report is created and feedback is given to the patient and their family one week after testing. The report is also sent to the primary care physician.

Outcomes: The benefits of this model are that it allows for a comprehensive assessment involving all relevant members of the team. The two day admission allows for recovery time between assessments. This gives the service user the best chance of maximising their

performance and minimises the anxiety induced by memory testing. However, while reducing anxiety during assessment an unfamiliar environment can often expose problems with orientation, flexibility and many other cognitive domains and this in itself is useful diagnostically.

We will present a summary of the 252 cases seen in the memory clinic since its foundation in 2003, focusing on diagnoses and treatment. Although further improvements will be implemented in the future, this model has proven to be sustainable and comprehensive. With appropriate funding this model could be transferred onto other private and public settings. This will likely be necessary in the future given the growing population over the age of 65 and increasing prevalence of dementia.

References:

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2. Kipps C M, Hodges J R. Cognitive assessment for clinicians. J Neurol, neurosurg and psychiatry. 2005; 76(1):22-30.

Keywords: dementia; memory clinic; multidisciplinary; cambridge model
